1. SOCIAL SECURITY NO. 2. NAME OF PERSON RECOMMENDED (Last, First, Middle) 3.					POSITION	TITLE	-	
						Equi	n Sne	٠,
	10 00	TENSION	9. RECOMMEND			<u></u>	p spe	
Office of	8. 6	TENSON						
X1 ₁₀ MZ Data Processing			Certifica					
. INCLUSIVE DATES FOR WHICH RECOMMENDED		11. IF RE	TIRING, DATE O	F RETIREMEN	12.	POSTH	JMOUS	γ—-
July 1, 1982 - March 30, 1983						YES	х	No
3. HOME ADDRESS (include ZIP CODE)		14. NAME	OF SPOUSE		18. HO	ME PHOI	VΕ	
Have any other persons received or	been re	commende	ed for an a	ward for	this s	ervice	e or a	act
yes (If yes, attach list of	full na	mes and	awards.)					
no								
ITLE AND SIGNATURE OF EMPLOYEE MAKING RECOMM	MENDATION			"		DATE		
X1								
MZ	TITLE	AND SIGNA	TUF				DATE	
	Ad Inima		Data Proce	acina	—- .	7/24/8	R 4	
(career service of many		AND SIGNA		331119			DATE	-
DEPUTY DIRECTOR OF CAREER SERVICE								
	TITLE	AND SIGNA	TURE				DATE	
	1							
DEPUTY DIRECTOR OF OPERATING COMPONENT								
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CLASSIFY AS APPROPRIATE

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is hereby awarded the

CERTIFICATE OF MERIT

in appreciation of the significant contribution made in the redirection and implementation of the SAFE project. This was a major technological, staffing, and coordination commitment that could not have been accomplished without the dedication, hardwork, and professionalism shown by you as a member of this team. Your contribution to this project should be a source of pride in knowing that you had a major part in completing this project within the time limits imposed. The extraordinary accomplishment that stands out, is that this was accomplished with essentially no impact on the services provided to existing users. The completion of this project reflects credit on you, the data processing profession, the Central Intelligence Agency, and the Federal Service.

